

Health Reform Changes Effective Sept. 23, 2010

Extending Coverage for Young Adults

(effective for health plan years beginning on or after Sept. 23, 2010)

Under the new law, young adults will be allowed to stay on a parent's plan until they turn 26 years old. (In the case of existing group health plans, this right does not apply if the young adult is offered insurance at work.) Some insurers began implementing this practice early. Check with your insurance company or employer to see if you qualify. (Kentucky law currently allows young adults to stay on a parent's plan until age 25.)

Providing Free Preventive Care

(effective for health plan years beginning on or after Sept. 23, 2010)

All new plans must cover certain preventive services such as mammograms and colonoscopies without charging a deductible, co-pay or coinsurance. Go to <http://www.healthcare.gov/law/provisions/preventive/index.html> for more information.

Prohibiting Insurance Companies from Rescinding Coverage

(effective for health plan years beginning on or after Sept. 23, 2010)

In the past, insurance companies could search for an error, or other technical mistake, on a customer's application and use this error to deny payment for services when he or she got sick. The new law makes this illegal.

Appealing Insurance Company Decisions

(effective for new plans beginning on or after Sept. 23, 2010)

The law provides consumers with a way to appeal coverage determinations or claims to their insurance company, and establishes an external review process. (Kentuckians already have these rights under state law.)

Eliminating Lifetime Limits on Insurance Coverage

(effective for health plan years beginning on or after Sept. 23, 2010)

Under the new law, insurance companies will be prohibited from imposing lifetime dollar limits on essential benefits, like hospital stays.

Regulating Annual Limits on Insurance Coverage

(effective for health plan years beginning on or after Sept. 23, 2010)

Under the new law, insurance companies' use of annual dollar limits on the amount of insurance coverage a patient may receive will be restricted for new plans in the individual market and all group plans. In 2014, the use of annual dollar limits on essential benefits like hospital stays will be banned for new plans in the individual market and all group plans.

Prohibiting Denying Coverage of Children Based on Pre-Existing Conditions

(effective for health plan years beginning on or after Sept. 23, 2010, for new plans and existing group plans)

The new law includes new rules to prevent insurance companies from denying coverage to children under the age of 19 due to a pre-existing condition.